

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

42292  
Do not use this space.

REC'D JAN 9 1939

**1. PLACE OF DEATH**

(a) County Boone Registration District No. 72  
 (b) Township Centralia Primary Registration District No. 4041 Registered No. 0  
 (c) City Centralia (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
508 Linnie Lee Keene

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-5-1869  
 7. AGE YEARS 71 MONTHS 8 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Boone Co (STATE OR COUNTRY) Mo.

FATHER 13. NAME Frank Bennett  
 14. BIRTHPLACE (CITY OR TOWN) Boone Co (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Tulker van  
 16. BIRTHPLACE (CITY OR TOWN) Boone Co (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) W. J. Keene Centralia Mo.

18. BURIAL, CREMATION, OR REMOVAL Centralia Mo DATE 12/2 1938

19. FUNERAL DIRECTOR (ADDRESS) W. M. Wood 892 Centralia Mo

20. FILED 12/3 1938 W. J. Keene Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1st 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1938 to Dec 1 1938  
 I last saw her alive on Dec 1 1938 Death is said to have occurred on the date stated above, at 10 A.M.  
 The principal cause of death and related causes of importance were as follows:

myocarditis, mitral regurgitation, Asphyxia  
 Date of onset April 1936  
 Other contributory causes of importance: Asphyxia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Yes Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_ (Signed) W. J. Keene \_\_\_\_\_, M. D.  
 Address Centralia Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50MA-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, MD McDougal, Licensed Embalmer No. 2589

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Same

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed MD McDougal

Licensed Embalmer No. 2589

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

42292 Do not use this space.

1. PLACE OF DEATH (a) County Boone, (b) Township, (c) City Centralia, (d) Street No., (e) Length of residence in city or town where death occurred, 2. PRINT FULL NAME Linnie Lee Keene, (a) Residence, No., (b) St., (c) Registered No., (d) Primary Registration District No. 4041, (e) Registered No., (f) How long in U. S., if of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 7, 4. COLOR OR RACE W, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m, 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF, 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-5-1869, 7. AGE YEARS 74, MONTHS 8, DAYS 26, 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc., 9. Industry or business in which work was done, as saw mill, bank, etc., 10. Date deceased last worked at this occupation (month and year), 11. Total time (years) spent in this occupation, 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY), 13. NAME, 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY), 15. MAIDEN NAME, 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY), 17. INFORMANT (ADDRESS), 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19. FUNERAL DIRECTOR (ADDRESS), 20. FILED 12/3 58

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1938, 22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows: Date of onset, Other contributory causes of importance: Name of operation Date of, What test confirmed diagnosis? Was there an autopsy?, 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury, 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) O. B. Moyer, M. D. (Address) Centralia Mo

SUPPLEMENTARY

